

Psychosocial Rehabilitation

One of the 11 Demonstration projects—the Community Living Room in Philadelphia—used the psychosocial rehabilitation (PSR) model exclusively in serving an inner-city population living with HIV. PSR has a long history in providing services to persons with mental illness. Its adaptation to clients who have mental health issues and who are HIV-positive has particularly proven effective with a population that is difficult to engage, traditionally does not seek services, and has often been marginalized to the outer fringes of society. Numerous PSR models exist, but most PSR models share specific characteristics that are integral to engaging and meeting the needs of the individual who has both HIV and a mental disorder.

PSYCHOSOCIAL REHABILITATION
PRINCIPLES

By highlighting what PSR emphasizes in comparison to what it does not emphasize, some key principles of PSR can be illustrated in the following list:

Emphasizes	De-emphasizes
Strengths	Deficits
Wellness	Illness
Hope	Pity
How-to	Why
Goal planning	Treatment planning
Working with the client	Providing services to the client
Small steps	Leaps
“Here and now” orientation	Past
Clients as active decision-makers	Clients as passive recipients

PSR
has a
long
history...

STAFF/CLIENT THERAPEUTIC
RELATIONSHIP GOALS

PSR program staff must be firm believers in, and supporters of, PSR values and principles, which places total emphasis on engaging and involving the client as an equal partner in the therapeutic relationship. Relationships between staff and clients are non-hierarchical and must be environmentally generalized (e.g., occur in several different everyday milieus). Clients are treated in a PSR program not as “unfortunate people with a deadly virus.” Instead, they are viewed as functioning human beings with dreams, capabilities, skills, creativity, and aspirations—as people in possession of a life to still be lived.

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PROGRAM OBJECTIVES

Philadelphia's Community Living Room Program centered its objectives around three change agents that functioned as the foundation upon which program services and activities were built.

- **Meaningful social and support networks.** The primary goal of the PSR clubhouse model is that enjoyable and supportive relationships in the program setting are the catalysts for the formation of a working therapeutic community. The therapeutic community then serves as a mold of behaviors, a marketplace for ideas, and an incubator for growth.
- **Achievement.** Helping clients to achieve success has long been the central catalytic change agent of expectancy model psychosocial programming. This approach is driven by the belief that achievement—no matter how small—is a stepping stone toward greater achievement (“successive successes”). Confidence in exerting more control on the present and exploring the possibilities of the future results from the intrinsic and extrinsic rewards that come with achievement.
- **Client empowerment.** PSR programs provide a nourishing milieu for client empowerment. Becoming empowered can be a compelling change agent in anyone's life. To aid clients in empowering themselves, this specifically means that the program must provide education on mental health and HIV, teach and build skills so that clients are able to access that knowledge, and help motivate clients to use their skills and knowledge in day-to-day living.

In PSR programs, clients are considered “members” and are instrumental in formulating rules, facilitating community meetings, helping to determine services offered, giving support to one another, and in performing many of the tasks needed for the daily operation of the program. They also are integral to the process of outreach and engaging new members, as well as providing support and direction to other members as they navigate their own life transitions. The cohesive partnership between members and staff ensures that the therapeutic community becomes a viable village in which everyone has a vital role to perform in helping all inhabitants thrive and be properly sustained. For many clients with HIV and a mental disorder, being a member of a PSR program may present the first opportunity in years where input and contributions are not only valued, but also are expected and deemed necessary. A visitor to a successful PSR program should be struck by activity, enthusiasm, and a profound sense of ownership of the therapeutic community.

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The program’s services, which emanate from the program objectives, are many and varied. However, the range of services almost always includes groups, workshops, activities, and counseling. At the Community Living Room, groups and workshops are divided into six categories:

- **Mental health and HIV education** concerning issues such as illness management, risk prevention, medications, and nutrition
- **Skill enhancement** in such areas as vocational training, activities of daily living, communication, and leisure time
- **Creativity and self-expression** through such venues as art, music, writing, and drama
- **Insight development** involving areas such as relationships, sexuality, goal-setting, and decision-making
- **Complementary and holistic therapies**, such as yoga, herbalism, and meditation
- **Support groups**, such as Alcoholics Anonymous, Narcotics Anonymous, Triple Trouble, and other groups such as those focusing on male- and female-specific issues

The structure of groups and workshops is varied so that doing is as important as talking. Task, recreation, and interactive exercise groups have equal weight in importance as process groups.

Activities are an integral part of any PSR program. They are planned as enjoyable ventures in which members can interact with other members and staff in normalizing milieus. Excursions to museums or theatres, boat cruises or historic walks, outside lunches or retreats in the country emphasize that programming is a mission that exists beyond its four walls. Internal program activities, such as seasonal celebrations, birthday parties, dances, or talent shows celebrate client and staff milestones and collaborative capabilities. An especially meaningful activity of a PSR program may be lunch time, when staff and members eat together as a family.

Counseling in PSR can also be varied in its modality and style but is primarily directed by members and staff working together to develop achievable, client-centered goals and to support their attainment. Intervening life issues and crises can also be shared and addressed in group settings, as well as in one-on-one counseling.

The program space and environment should be warm, stimulating, aesthetically pleasing, and functional.

Comfortable furniture, plants, and art-work should fill the large spaces and corners of the facility. The physical environment should support the program's groups and activities and not detract from them. For example, a theatre group will need a space where it can spread out, while a support group needs a space where it can be close together. Likewise, an art group will need a space it can mess up, and an education group will need a space where it can easily focus and not be distracted by clutter.

The amenities of programs are varied from site to site but are always present to complement and augment services offered and to further enrich the PSR environment. At the Community Living Room, coffee and tea are provided throughout the day. Showers and laundry facilities are on site for members who do not have suitable living arrangements. Member lockers are available for storage. Purified water and public phones are centrally located. Pamphlets and bulletin boards supply information on mental health and HIV issues and resources, as well as leisure time opportunities. A piano, electronic keyboard, games, and books are readily accessible to members, as are lounges and spaces for quiet conversation. A computer room is open for members to learn and perfect skills, as well as play interactive games, write résumés, or surf the Internet.

POTENTIAL BARRIERS

Though an HIV-specific PSR program may seem on the surface rather easy to develop, there are actually many obstacles that must be overcome.

- The first major hurdle is finding a flexible funding source which recognizes that many of the nontraditional psychiatric aspects of a PSR program are indeed therapeutic.
- Hiring staff who can thrive in an egalitarian, client-centered environment and remain firmly committed to the PSR model is a challenging endeavor. In many cases, a person may have to adapt previous professional experience or education that did not include PSR principles. Since the therapeutic community is a living organism, staff need to be flexible to constant change in their roles and responsibilities.
- A PSR program must often operate in a larger system in which most workers may not understand its principles and operations. It is often thought of as an adjunctive therapy or kind of “play time” rather than a complete treatment modality. Therefore, to be a vital cog in a wider system, a PSR program must strive to communicate with other components of the organization and to interact with other interventions that may be vastly different in style and not appreciative of the uniqueness of the PSR approach.

A PSR model program is only one of several possibilities for providing ongoing services to the client living with HIV and a mental disorder. The Community Living Room has proven especially effective with the client who does not easily participate in the traditional programs of group and individual psychotherapy or cannot effectively deal with hierarchical systems.